

PATENT

ATTORNEY DOCKET NO. RILE.001.00US

**COMBINED INVENTOR
DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CELL DERIVED ANTIGEN PRESENTING VESICLES

the specification of which

(check one) ☐ Is attached hereto.
☐ Was filed on _____ and has been assigned Serial Number
☒ Was filed on February 2, 1998, as Attorney Docket No.
 RILE.001.00US.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 and, if applicable, all such information under 37 CFR § 1.56 which became available between the national or PCT International filing date of the prior application and the filing date of this application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

95202123.6	EP	03/08/1995	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(number)	(Country)	(Day/Month/Year Filed)	Yes	No

Prior Foreign Application(s)

Priority Claimed

(number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

Prior Foreign Application(s)

Priority Claimed

(number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112 I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
<u>* PCT/NL96/00317</u> (Application Serial No.) * designating the U.S.	<u>5 August 1996</u> (Filing Date)	<u>Published</u> (Status)

I hereby appoint:

4

BARBARA RAE-VENTER, Ph.D., Reg. No. 32,750
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as my attorneys or agents with full power of substitution and revocation to prosecute my above-identified application for Letters Patent and to transact all business in the Patent Office connected therewith.

Direct all telephone calls to Barbara Rae-Venter, Ph.D. at (650) 328-4400.

Address all correspondence to:

Barbara Rae-Venter, Ph.D.
Rae-Venter Law Group, P.C.
P. O. Box 60039
Palo Alto, California 94306-0039

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00

Full name of first joint inventor: GEUZE, Johannes J.

Inventor's signature: _____

Date: _____

Residence: van Renesseweg 1 - 3628 BB Kockengen. The Netherlands

NLX

Citizenship: NetherlandsPost Office Address: Same

2-00

Full name of second joint inventor: MELIEF, Cornelis J.M.

Inventor's signature: _____

Date: _____

September 29, 1998

Residence: Wilhelminapark 33, 2012 KC Haarlem. The Netherlands

NLX

Citizenship: NetherlandsPost Office Address: Same

RILE.001.00US DECPOA 012998

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Geuze *et al*

) Examiner: Not yet assigned

Serial No.: 09/011,167

) Art Unit: Not yet assigned

Filed: February 2, 1998

For: **CELL DERIVED ANTIGEN
PRESENTING VESICLES**) **VERIFIED STATEMENT
(DECLARATION) CLAIMING
SMALL ENTITY STATUS (37
C.F.R. §§ 1.9(f) & 1.27(d) --
NONPROFIT ORGANIZATION**Assistant Commissioner for Patents
Washington, D.C. 20231

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

RIJKSUNIVERSITEIT te LEIDEN

Type of Nonprofit Organization:

- ☒ University or Other Institution of Higher Education
- ☐ Tax Exempt Under Internal Revenue Service Code [26 USC 501(a) and 501(c)(3)]
- ☐ Nonprofit Scientific or Educational Under Statute of State of the United States of America

(Name of State: _____)

(Citation of Statute: _____)

- ☐ Would qualify as tax exempt under Internal Revenue Service Code [26 USC 501(a) and 501(c)(3)] if located in the United States of America
- ☐ Would qualify as nonprofit scientific or educational under Statute of State of the United States of America if located in United States of America

(Name of State: _____)

(Citation of Statute: _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(e) for purposes of paying reduced fees under Section 41(a) or (b) of Title 35, United States Code with regard to the invention identified above and described in

☐ the specification filed herewith

☒ application filed February 2, 1998, identified as Attorney Docket No. RILE.001.00US

☐ patent no. _____, issued _____.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27)

Name: Universiteit Utrecht
Address: Universiteitsweg 100
3584 CG Utrecht
The Netherlands

☐ Individual ☐ Small Business Concern ☒ Nonprofit Organization

Name:
Address:

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

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Station	Time	Lat.	Long.	Alt.	Temp.	Wind	Clouds	Remarks
1	0800	34° 15' N	121° 15' E	10	18.5	10	100	Clear
2	0900	34° 30' N	121° 30' E	10	19.0	10	100	Clear
3	1000	34° 45' N	121° 45' E	10	19.5	10	100	Clear
4	1100	35° 00' N	122° 00' E	10	20.0	10	100	Clear
5	1200	35° 15' N	122° 15' E	10	20.5	10	100	Clear
6	1300	35° 30' N	122° 30' E	10	21.0	10	100	Clear
7	1400	35° 45' N	122° 45' E	10	21.5	10	100	Clear
8	1500	36° 00' N	123° 00' E	10	22.0	10	100	Clear
9	1600	36° 15' N	123° 15' E	10	22.5	10	100	Clear
10	1700	36° 30' N	123° 30' E	10	23.0	10	100	Clear
11	1800	36° 45' N	123° 45' E	10	23.5	10	100	Clear
12	1900	37° 00' N	124° 00' E	10	24.0	10	100	Clear
13	2000	37° 15' N	124° 15' E	10	24.5	10	100	Clear
14	2100	37° 30' N	124° 30' E	10	25.0	10	100	Clear
15	2200	37° 45' N	124° 45' E	10	25.5	10	100	Clear
16	2300	38° 00' N	125° 00' E	10	26.0	10	100	Clear
17	0000	38° 15' N	125° 15' E	10	26.5	10	100	Clear
18	0100	38° 30' N	125° 30' E	10	27.0	10	100	Clear
19	0200	38° 45' N	125° 45' E	10	27.5	10	100	Clear
20	0300	39° 00' N	126° 00' E	10	28.0	10	100	Clear